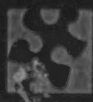
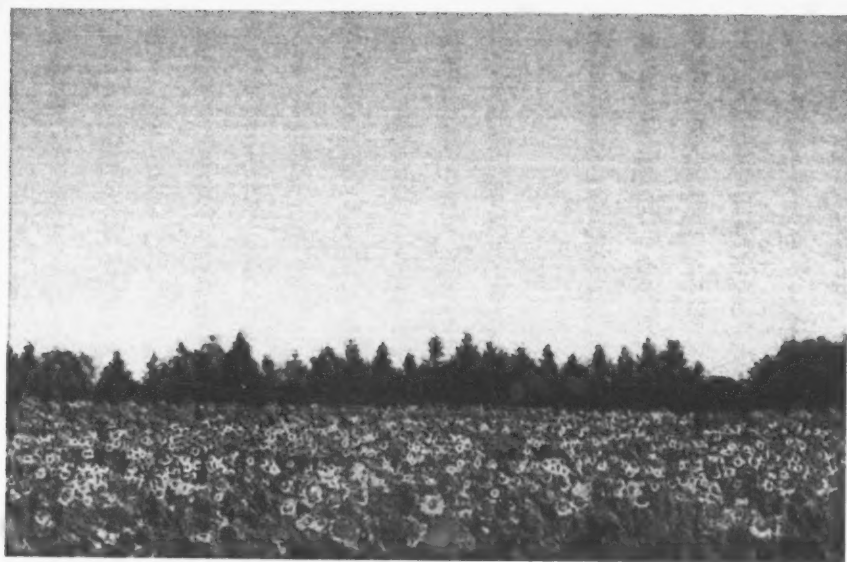




2008 . 2009 Annual Report
ASSINIBOINE REGIONAL HEALTH AUTHORITY



MAKING CONNECTIONS . BUILDING SOLUTIONS . ACHIEVING RESULTS



**ASSINIBOINE REGIONAL HEALTH
AUTHORITY**

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Letter of Transmittal Accountability

We have the honour to present the annual report for the Assiniboine Regional Health Authority for the fiscal year ended March 31, 2009 as approved by the Board of Directors at their regular meeting held August 19, 2009.

The annual report was prepared under the Board's direction in accordance with *The Regional Health Authorities Act* and directions provided by the Minister of Health. All material, economic and fiscal implications known as of March 31, 2009 have been considered in preparing this annual report. This report reviews the actions and initiatives of the Assiniboine Regional Health Authority from April 1, 2008 to March 31, 2009.

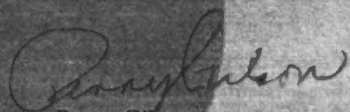
This year's annual report focuses on the progress and improvements (or enhancements) we have made during the past year toward realizing our goals. We would like once again to acknowledge the Board of Directors and the Executive Management Committee for their shared leadership over the past year. To all staff, thank you for your contribution each and every day to making sure the best possible care and service is delivered. With ongoing human resource challenges we know this is not always easy but your commitment and dedication has resulted in innovative solutions to keeping as much service available as possible.

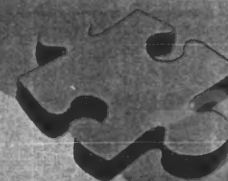
To our community stakeholders we express gratitude for working with us, challenging us and keeping us motivated to do the best job possible.

The Assiniboine Regional Health Authority remains focused on making connections, building solutions and achieving results.

Respectfully submitted,


Dean Dietrich, Chair
Board of Directors


Penny Gilson
Chief Executive Officer



ASSINIBOINE REGIONAL HEALTH AUTHORITY

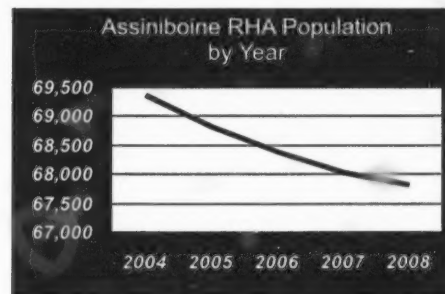
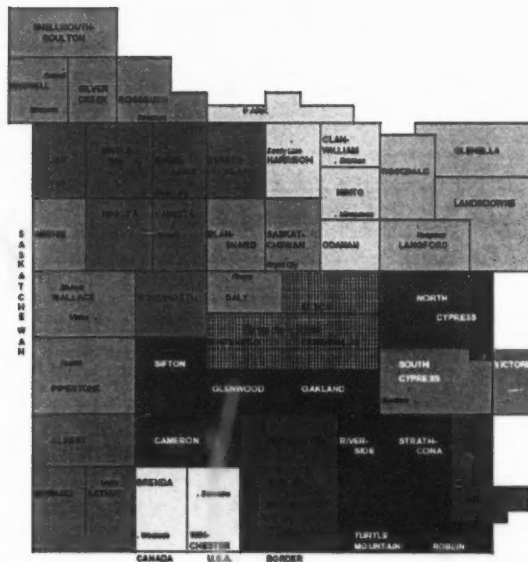


WHO WE ARE...

Located in the southwestern corner of Manitoba the Assiniboine Regional Health Authority is a rural based health region that covers a large geographical area of 32,134 square kilometers and is home to 20 acute and transitional care facilities, 28 long-term care facilities, and seven elderly persons housing units. The region also provides public health, mental health, diagnostic, emergency medical and home care services.

Population Demographics of the Assiniboine Regional Health Authority -

The population of the Assiniboine Regional Health Authority as of June 1, 2008 was 67,819. The population decreased by 215 people since 2007.

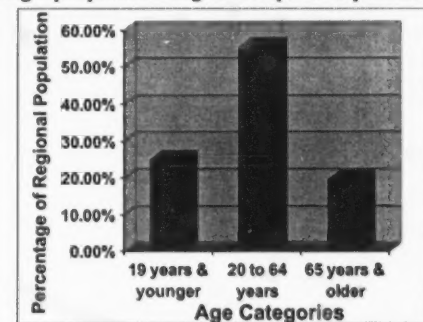


The population of the Assiniboine region has been steadily declining in recent years, although the rate of decline appears to be getting slower. This may be due, in part, to increased immigration to the region.

There is growing cultural diversity in the Assiniboine region, with 7 First Nation communities, numerous communities with significant Metis populations, 28 Hutterite colonies, as well as many other ethnically diverse communities. Immigration is increasing in the region, underscoring the importance of cultural awareness and sensitivity among health care providers.

While the language spoken at home is mainly English, there are an increasing number of families whose first language is neither English nor French. This may present challenges for these families when accessing care.

There has been a slight shift in the age of the population. In 2008, almost 25% of the population was 19 years or younger, while just over 19% of the population was aged 65 or older. This shows an increase in the proportion of younger people in the region compared to previous years.



With over 45% of the Assiniboine population in age groups that tend to rely on working adults for support, and which tend to use health services more, we might expect that the demand for care and services to possibly increase.

The overall health status of people in the Assiniboine region is good. Certain population groups are at higher risk for illness and injury. There is growing concern about chronic disease prevention, screening and management.

The social and economic status of people in the region is also generally good. Unemployment is fairly low, although agricultural producers and other businesses and industries have been affected by many stressors, including the current economic situation.

The picture seems to be changing in the Assiniboine Region. We will continue to monitor the evolving population in order to identify emerging priorities and the most effective way to allocate resources to meet needs.

FIND THE ASSINIBOINE RHA ONLINE AT WWW.ASSINIBOINE-RHA.CA

BOARD GOVERNANCE

The Assiniboine Regional Health Authority Board of Directors functions under the legislative authority of and is compliant with *The Regional Health Authorities Act*. The Board of Directors has clearly articulated policy and direction through the Vision, Mission, Values and Strategic Direction. The Board is comprised of up to fifteen persons appointed by the Minister of Health for the Province of Manitoba.

All regular meetings of the Board of Directors are open to the public and are held a minimum of ten times per year in accordance with the General By-Law. Board meeting minutes are distributed to all municipal corporations and health facilities in the region. They are also posted on the regional website at www.assiniboine-rha.ca.

GOVERNANCE PROCESSES

The Board is responsible for and demonstrates compliance with the following general governance processes:

- Assessing community health needs in preparing the organization's strategic and annual health plans – strategic priorities are aligned with identified needs and reflected in planning processes;
- Approving policies and processes to ensure the integrity of the organization's internal controls and management systems;
- Regular review of policies and by-laws;
- Approving the annual capital plan;
- Approving the annual health plan for submission as advice to the Minister of Health;
- Monitoring CEO and organizational (including fiscal) performance;
- Ensuring Board self evaluation (occurs post meeting and annually);
- Ensuring new Board Member orientation;
- Identifying Board education needs and ensuring development of an annual schedule to address those needs (Board education occurs prior to each regular meeting of the Board).

The Board has two standing committees to assist in carrying out its legislative responsibilities. They are: Executive Committee and Finance and Audit Committee.

OUR STAKEHOLDERS

Stakeholder engagement is an ongoing priority for the

Assiniboine Regional Health Authority. Advisory Council forums are held 3-4 times per year with the Board identifying specific areas for discussion and feedback such as human resource recruitment and retention/stabilization initiatives; Emergency Medical Services; community health assessment; strategic planning; etc.

Community Health Assessment

The 2008/09 year marked the start of the every five year comprehensive community health assessment undertaken by all Regional Health Authorities in Manitoba. As a part of this process the Board approved a community engagement process which involved ten community engagement meetings across the region. The report is due by the end of 2009.

Community Stakeholder Meetings

In addition to these engagements the Board and Executive Management Committee invite key community stakeholders to a series of meetings across the region each spring and fall where there is opportunity to share information and have questions addressed. Key community stakeholders are defined through invitation to all municipal councils in the region. At least once annually an invitation to meet is also extended to each of the First Nation communities with offers to attend each of the communities. There are also numerous community specific stakeholder meetings held relative to program/service impacts unique to those communities.

FUTURE DIRECTIONS

What will we focus on in the future?

- o The Board will closely review information obtained through the Comprehensive Community Health Assessment and revise the Vision, Mission, Values and Strategic Priorities to be consistent with current needs of the population we serve.
- o Maintaining positive relationships with communities and stakeholders.
- o Being accountable through the establishment of a Governance Committee which will undertake a comprehensive review of Board By-laws and Policies to ensure they are current and reflect governance best practices.



**ASSINIBOINE REGIONAL HEALTH
AUTHORITY BOARD OF DIRECTORS**

Back Row Left to right: Larry Hogue, Charles Lowes, Randy Hodge, William Bryant (Past- Board Chair), Don Cataford, William Busby, Stafford Shewchuk

Middle Row Left to Right: Pat Phillips, Bonnie Proven, Diana Heneghan, Eva Whitebird

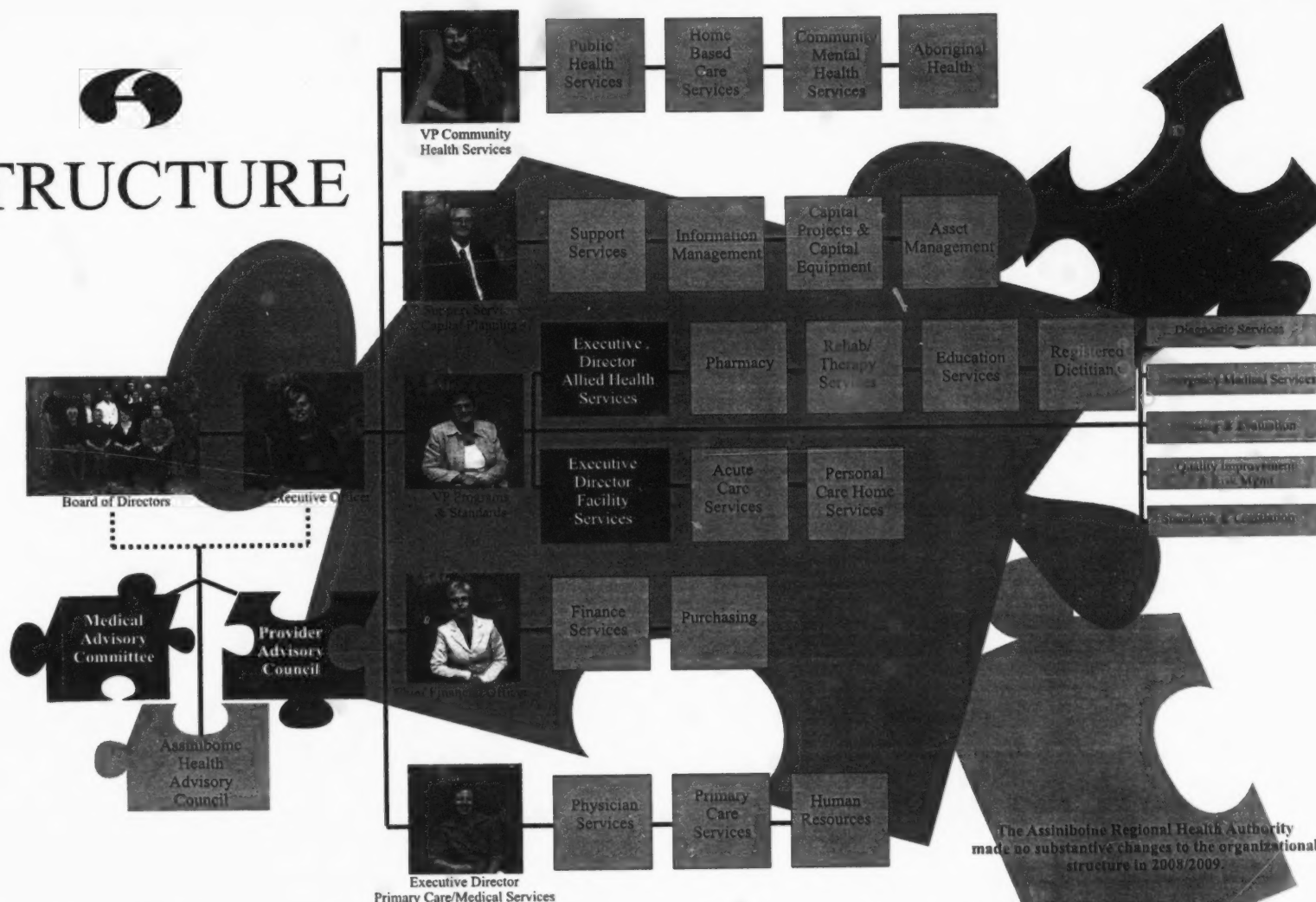
Front Row Left to Right: Harvey Patterson, Jaqueline Leforte, Deborah Eastcott, Dean Dietrich (Chair Appointed 2009)

All Assiniboine Regional Health Authority board members are accountable to the entire region.



Organizational & Advisory

STRUCTURE



Assiniboine Health Advisory Council

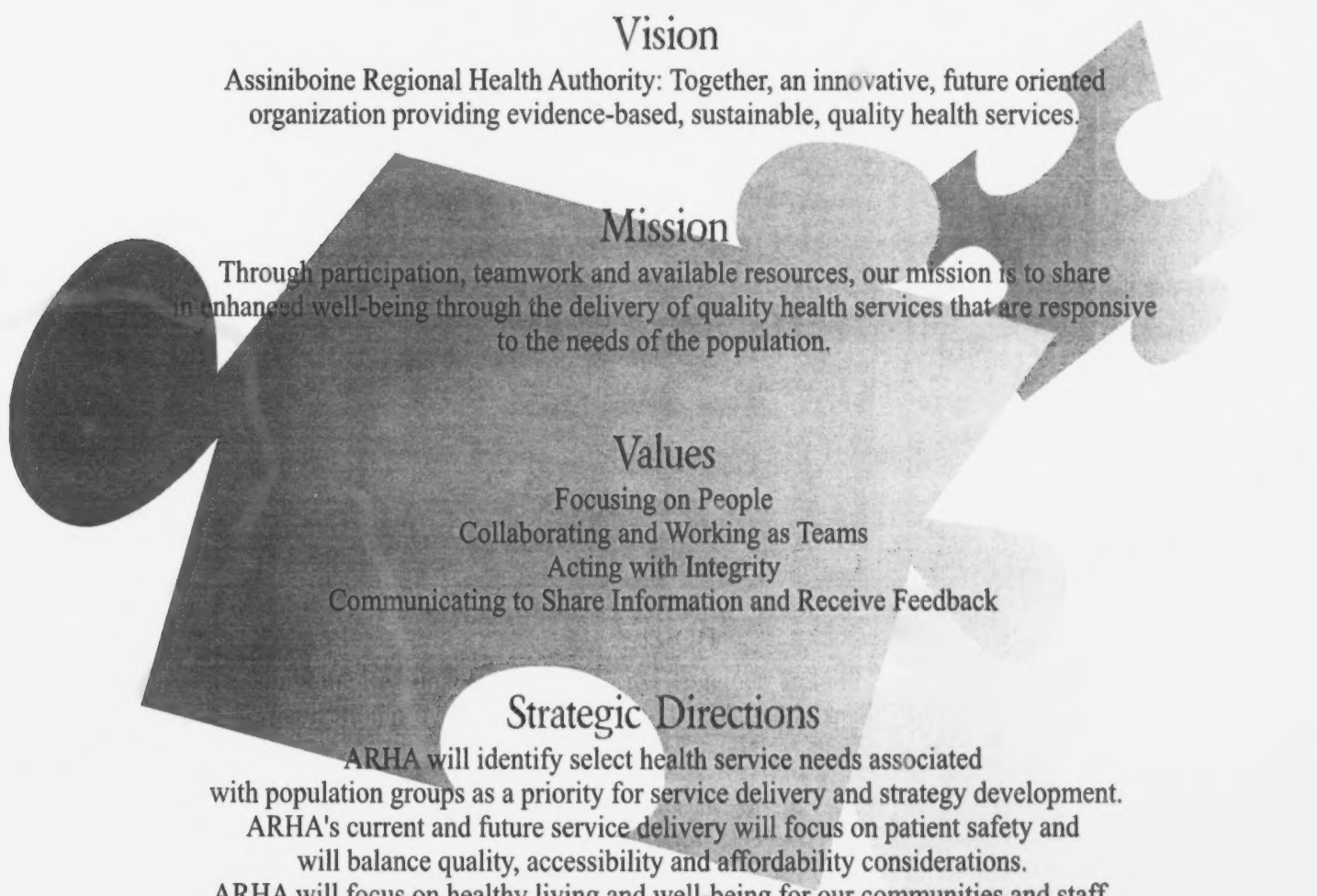
The Assiniboine Health Advisory Council (AHAC) is a group of interested community members who provide advice to the Board of Directors and Executive Management Committee in areas such as: recruitment, community health assessment, strategic planning and emergency preparedness. The group meets regionally three to four times per year with the Board of Directors, Executive Management Committee and Provider Advisory Council.

Provider Advisory Council

The Provider Advisory Council (PAC) of the Assiniboine Regional Health Authority is a multi-disciplinary group of interested staff who provide advice to the Board of Directors and Executive Management Committee in areas such as: employee recognition and wellness; quality of worklife; certain policies and procedures; human resource information; and other staff-related areas of interest. This committee meets regularly with the Assiniboine Health Advisory Council.

Medical Advisory Committee

The Medical Advisory Committee (MAC) of the Assiniboine Regional Health Authority is a group of physicians who provide feedback to the Board of Directors and Executive Management Committee on areas such as: physician privileges, medical systems input and relations with various provincial committees. The MAC membership has also agreed to fulfill several roles that would normally be part of a Vice President, Medical role. This is a statement to the quality and commitment of these individuals. They meet 8-10 times per year.



Vision

Assiniboine Regional Health Authority: Together, an innovative, future oriented organization providing evidence-based, sustainable, quality health services.

Mission

Through participation, teamwork and available resources, our mission is to share in enhanced well-being through the delivery of quality health services that are responsive to the needs of the population.

Values

Focusing on People
Collaborating and Working as Teams
Acting with Integrity
Communicating to Share Information and Receive Feedback

Strategic Directions

ARHA will identify select health service needs associated with population groups as a priority for service delivery and strategy development.
ARHA's current and future service delivery will focus on patient safety and will balance quality, accessibility and affordability considerations.
ARHA will focus on healthy living and well-being for our communities and staff.

Strategic Enablers

Relationships & Partnerships . Communication & Education . Technology . Performance Accountability



The Assiniboine Regional Health Authority will identify select health needs associated with population groups as a priority for service delivery strategy development.

Strategic Priority: 1.1 The ARHA will implement a chronic disease prevention and management strategy targeting priority populations as appropriate.	Context: • MI rate (heart attack), cardiovascular disease is high, leading to death (CHA) • Need for strategies to improve the health of First Nations people • Need for improved screening for cancer & chronic disease • High incidence & prevalence of chronic disease particularly in First Nation communities
Expected Results: • Decreased incidence and prevalence of/improved management of chronic disease: - diabetes - cardiovascular disease - cancer - asthma • Early identification and treatment of cancer & chronic disease through improved access to screening programs.	Achievements in 2008/09 • Women's Wellness clinics held in 3 First Nations communities. In 2007/08 66 clinics were held with over 460 clients seen. In 2008/09 there was 62 clinics held in 17 communities with over 520 women seen • Partnerships with First Nations communities for improved chronic disease prevention, screening & management • Continued support of the Chronic Disease Prevention Initiative • Continued support for the Mobile Breast Screening Program • Participated in Phase I roll out of the provincial colorectal cancer screening program • Partnerships with RANA Medical in education on respiratory wellness for asthmatic and respiratory ill clients
Actual Results: • Heart attack rate went up (as it did for the province); higher than the provincial rate • Death rate due to cardiovascular disease significantly decreased; remains higher than the provincial rate • Incidence of invasive breast cancer increased • Incidence of invasive cervical cancer decreased • Incidence of invasive colorectal cancer significantly higher than the provincial rate	Future Direction / Actions • Continue to support and increase Chronic Disease Prevention Initiatives • Continue enhanced screening capacity, education and awareness in priority areas: breast cancer; cervical cancer; colorectal cancer; prostate cancer • Continue expansion of Women's Wellness Clinics • Establish further partnerships with First Nation Communities • Further expand/enhance access to quality primary care services • Further partnerships with RANA Medical for education and assessment of clients with respiratory illness
Critical Success Factors • Effective partnerships with First Nation communities • Access to quality primary care services	Challenges: • Quality information available in a timely manner • Large geographical area creates challenges in providing access to services • Current economic climate creates strain on resources • Unable to recruit a medical advisor for the Regional Diabetes Program

Primary Care Nurses had 3,835 client visits in 2008/09, outside of Women's Wellness Clinics. This is up from 1,463 visits the previous year.

Lungs for Life, a smoking prevention program for grades 4-6, was introduced to over 340 students in eight communities

Get Better Together, a peer led self-management program for people with chronic conditions, was delivered to six sites in 2008/09.

Manitoba Health Goal: Optimize the health status of all Manitoban's through prevention and health promotion.





The Assiniboine Regional Health Authority will identify select health needs associated with population groups as a priority for service delivery strategy development.

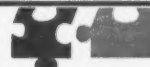
Strategic Priority: 1.2 The ARHA will focus service delivery on injury prevention initiatives with particular emphasis on reducing the impact of falls in the seniors population and partnering to reduce the impacts of suicides (self inflicted injury) and injuries resulting from motor vehicle accidents.	Context: • High rate of injury hospitalization and deaths due to falls among elderly • Education and prevention to reduce falls in seniors. • Suicide rates • Rates of hospitalization and deaths due to motor vehicle injuries
Expected Results • Decreased rate of deaths/hospitalizations in seniors due to falls • Decreased number of reported falls in personal care homes per resident year • Decreased percent of falls resulting in fractures in personal care homes • Decreased hospitalization/death rates due to self inflicted injuries/motor vehicle injuries	Achievements in 2008/09 • Home Health and Safety Check program in more rural communities • Falls prevention program developed • Mental health awareness session hosted 125 high school students, and 220 adults • Access to psychiatry increased with additional telehealth sites • ASSIST, SPIN sessions continue to educate the population about Suicide and risk/prevention • Seatbelt checks, and car seat safety technician recertifications occurred in partnership with RCMP • PARTY Program (Preventing Alcohol and Risk-related Trauma in Youth) continues in rural communities
Actual Results: • Hospitalization rate due to falls in seniors decreased from 26.9 to 24.9 per 1000 (2006/07 data), but is higher than the provincial rate of 19.6 per 100 • # Reported falls in personal care homes per resident year increased from 2.05 to 3.05 • Suicide Rate per 100,000 in 2004-2006 data: ARHA rate is slightly decreased to 15.0 (baseline 15.6), but is still higher than the provincial average of 12.0 • Hospitalization rate due to motor vehicle injuries per 100,000 (2006/07): ARHA rate increased slightly from 97 to 100. This remains higher than the provincial rate of 72. Note that actual numbers may be small so variations in rates may not reflect significant changes	Future Direction / Actions • Implement the falls prevention program across programs • Continue to expand the Home, Health and Safety Check program • Continue support for the Suicide Prevention and Intervention Networks (SPIN); SAFE TALK and Applied Suicide Intervention Skills Training (ASIST) – including partnering with First Nation communities • Continue partnerships aimed at reducing the impacts associated with motor vehicle injuries
Critical Success Factors • Ability to achieve expected results requires an intersectoral approach & capacity of partners • Community mental health services experience high case loads and often wait lists, recruitment of Proctor services ongoing • Partnership to build awareness around at risk behaviors in youth	Challenges: • Current statistical data not always available • Difficulty in recruitment and retention of qualified health professions limits capacity to implement new and existing injury prevention programs • Suicide is a complex issue with many contributing factors making prediction and prevention more difficult in some populations • Many factors influencing unintentional & self-inflicted injury are outside the realm of health care

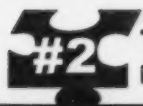
The ARHA Bicycle Helmet Awareness Program saw 193 individuals on bicycles. 64% were wearing properly fitting helmets. 120 helmets and four new bicycles were given away.

Several ARHA Emergency Medical Services Stations provide Home Health and Safety Checks where staff go into homes and identify risks for falls.

In 2008 there were 902 cancelled Emergency Medical Services calls which have significant impact and cost to the system.

Manitoba Health Goal: Optimize the health status of all Manitoban's through prevention and health promotion.





The Assiniboine Regional Health Authority current and future service delivery will focus on patient safety and balance quality, accessibility and affordability.

Strategic Priority: 2.1 The ARHA will focus on initiatives aimed at human resources stabilization.	Context: • 3,192 employees in ARHA, average age 44 years • Numerous staff approaching retirement age • ARHA hired 411 new employees in 08/09 • 2.3% of ARHA workforce have self declared Aboriginal status • Evidence shows lack of consistency in advanced skills across the province, an increase in the number of nurses that are certified in relevant courses will reduce risk and improve the quality and safety of care
Expected Results: • Decreased staff turnover • Increased recruitment/retention of qualified health professionals • Increased percentage of staff participating in mandatory training programs • Decreased disruptions in services • Decreased Workers Compensation Board (WCB) lost work hours/employee	Achievements in 2008/09 • LPN course held in Deloraine • Rural nursing (LPN to RN) program in Neepawa • Successful recruitment mission to the Philippines where 35 RNs hired to ARHA (<i>feature story on page 10</i>) • Knowledge and skills development training sessions offered to untrained Health Care Aides and Home Care Attendants. Four sessions held with 66 participants • Manitoba Metis Federation and Robertson College partnership to offer Health Care Aide course in Birtle • e-learning website launched • Partnership with high schools for EMS training program • Regional Orientation program success, with 304 staff attending the 5 sessions • Diagnostic students sponsorship program developed • Staff recognition/appreciation program continued • Workplace Safety & Health Officer hired to implement staff injury prevention activities
Actual Results: • Grad mentorship students – 29 LPN and 19 RN/RPN placed • 13 BN students placed into summer HCA positions • 32 Philippine RNs completed required testing and documentation toward 2009 deployment to 10 ARHA facilities (see further details this report) • 20 LPNs graduated from Deloraine Program – 13 obtained term or permanent employment with ARHA • Rural nursing (LPN to RN) program announced for Neepawa • 1625 job postings in 08/09 • Staff turnover rate 2007 13.2%, lower than the Manitoba average of 15.0% • 2 Nurse Practitioners hired • 10 new physicians hired • Average employee length of service 9.9 years, (Manitoba average 9.3 years) • WCB lost work rate 2007 11.18 hour per employee (Manitoba average 11.1 hours per employee)	Future Direction / Actions • Continue to actively pursue and implement local training programs in appropriate and priority areas • Continue and further develop partnerships with School Divisions regarding implementation of health care training programs as a part of the high school curriculum • Continue to implement targeted recruitment strategies in priority areas • Further develop the Staff Wellness and Staff Recognition Programs • Continue initiatives aimed at workforce injury reduction
Critical Success Factors • Staff morale & a healthy workplace are important for recruitment & retention • Staff ability & motivation to access education programs	Challenges: • Serious staffing shortages experienced in physician, diagnostic, nursing, EMS, rehabilitation, pharmacy • Depopulation of rural communities influences decisions of health professionals to practice in rural areas • Information related to employee years of service or WCB injuries is considered flawed with the Canadian Human Resources Benchmarking Survey

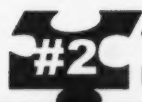
The total number of employees in the ARHA is 3,192. 90% are female and 10% are male. The average age is 44 and 2.3% are self-declared aboriginal.

There were 1,625 job postings in the 2008/09 fiscal year. The number of "external" hires was 411.

182 employees accessed services through the Employees Assistance Program which is a 5.7% utilization rate.

Manitoba Health Goal: Improve quality, accessibility and accountability of the health system.





The Assiniboine Regional Health Authority current and future service delivery will focus on patient safety and balance quality, accessibility and affordability.

Strategic Priority: 2.2 The ARHA will use best practices and evidence based decision making to ensure reasonable access to safe, quality and sustainable service.	Context: - Physicians value quality of life which includes less on call - Chart reviews reveal over half of all hospital medication errors occur at the interfaces of care - Staff requesting consistent guidelines for emergency cardiac care - Challenges in maintaining EMS staffing require innovative solutions to achieve sustainability - Lack of supportive housing for seniors in ARHA communities
Expected Results: - Larger physician on-call groups where appropriate - Implementation of medication reconciliation patient safety initiative across the continuum 100% implementation of the Acute Coronary Syndrome Map at all acute care sites - Sufficient primary calls for ambulance personnel to maintain critical competencies - Increased percentage of calls where ambulance reaches the scene within 30 minutes of call being received - Increased access to supportive housing for seniors - Increased survival rates following acute heart attack - Increased percent of clients who appropriately receive a CT Scan within 3 hours of the onset of stroke symptoms	Achievements in 2008/09 - Acute Coronary Syndrome Map implementation in acute care sites - Medication reconciliation completed for all acute care sites (admission point). Evaluations occurred - Ongoing successful in-house EMTech course (via classroom or web) which helps to upgrade current EMS employees and recruit new employees - Successful recruitment for EMS program from out of province - Initial and ongoing negotiation with ACC re dual credit for EMTech course - Supports for Seniors in Group Living established in Melita - Stroke strategy developed. Stroke awareness campaign initiated in partnership with existing activities, such as the annual flu immunization campaign - Implementation of the ARHA risk management strategy (see further details this report) - Increased number of Telehealth locations
Actual Results: - Acute Coronary Syndrome Map implemented in 100% acute care sites - Percentage of on-call physician rotations of 1 in 5 or more in higher volume/acuity sites increased - Medication reconciliation 75% complete for all facilities 92.7% of all calls to 911 for EMS had ambulance at scene within 30 minutes of call being received 57% EMS staff responded to fewer than 10 primary calls per year (2007) (This increased from 38.8%) - Established EMS stroke assessment protocols in partnership with Brandon RHA, including timely CT access - Death within 30 days of admission to hospital for heart attack decreased from 10.1 to 9.1	Future Direction / Actions - Continue development of an Emergency Medical Services Planning Framework - Continue to use the Quality Framework to guide resource allocation decisions in needed areas - Continue evaluation of primary care initiatives - Continue implementation of patient safety initiatives - Continue implementation of aging in place strategies - Continue development of a regional stroke care strategy - Develop a plan to address chronic care needs
Critical Success Factors - Staff time and commitment to patient safety initiatives are challenged by ongoing human resource shortages - Supportive housing initiatives require partnerships with communities & significant investments - Rapid assessment protocols require collaborative approaches with referral centres	Challenges: - Heart attack death rates may be related to quality of care or other factors, referral/institutional differences that may not be reflected in the indicator - Shortage of EMS personnel in some stations make it difficult to sustain 24/7 coverage - Low call volumes in some EMS stations reduce opportunity to use skills & maintain competencies - EMS stations with sufficient staff sometime results in several casual staff not attending many calls

The following diagnostic tests were performed in 21 ARHA facilities in 2008/09:

Laboratory: 964,505
EKG: 20,405
X-Ray: 82,425
Ultrasound Exams: 1,925

The average wait time for an ultrasound in Neepawa in 2008/09 was five weeks. An average of 6-7 patients a month do not show up for scheduled appointments

Emergency rooms in the ARHA treated 49,868 patients through emergency visits. 11.5% were considered urgent in nature.

Manitoba Health Goal: Improve quality, accessibility and accountability of the health system.



#3

The Assiniboine Regional Health Authority will focus on healthy living and well-being of our communities and staff.

Strategic Priority: 3.1 The ARHA will champion improved healthy living through effective leadership, advocacy and partnerships.	Context: - Breastfeeding rates are less than optimal - Immunization rates are better than provincial averages, but are still considered lower than desired and are declining - Only 20% of residents are physically active in leisure time. Obesity is a growing health concern
Expected Results: - Increased breastfeeding duration rates - Increased immunization rates (public and staff) - Increased percentage of regional budget allocated to health promotion/disease prevention	Achievements in 2008/09 - Meningococcal vaccine for 1 year olds introduced, increase in Grade 4 Hep B immunization rate - Communicable Disease Coordinator hired to ensure timely response and management of communicable disease - In 2008, ARHA Influenza/Immunization Strategy Team delivered 62 Community Influenza/Pneumococcal clinics throughout the region, with a total of 9,166 people immunized for Influenza and 289 immunized with Pneumococcal vaccine - Funding for sexually transmitted infection (STI) coordinator obtained - Chronic disease Wellness Screening clinics offered in Canupawakpa Dakota Nation, Carberry, Minnedosa, Minnedosa, Neepawa, Birtle, Erickson, and Russell - Get Better Together chronic disease self-management program launched - Awarded Public Health Agency of Canada grant for community-level assessment of risk factors for chronic disease
Actual Results: - Chlamydia incidence was at 148 / 100,000 in 2008. This decreased from baseline of 171 - Immunization coverage for influenza, residents 65+ decreased from 65.3% to 58.9% - Staff immunization rate for influenza increased slightly to 42% in 2007 compared with baseline of 41% - Immunization considered complete for age 17 was 59.3%, much higher than the Manitoba average of 39.5%. This is a reduction, however, from the baseline of 67.9% - The influenza immunization rate for ARHA Personal Care Home residents for 2008 was approximately 93% - Pneumococcal immunization rate increased to 64% from 59.7% (still lower than the provincial rate) - Percentage of regional budget allocated to health promotion/disease prevention increased from baseline of 2.37% to 2.78% 104 reportable communicable diseases investigated	Future Direction / Actions - Continue regional breastfeeding strategy development focusing on improved duration - Develop Sexually Transmitted Infection (STI) Action Plan - STI Coordinator to track and investigate Assiniboine STI and look for strategies to reduce STI rates - Increase awareness about the value of immunization through community partnerships - Continue to implement immunization best practices - Continue implementation of staff wellness program - Continue support for the Chronic Disease Prevention Initiatives (CDPI) - Assess community-level chronic disease risk factors & use information for chronic disease prevention
Critical Success Factors Public health caseloads are growing, increasing the time required per contact, due to best practice applications	Challenges: - Difficulty scheduling casual immunization nurses due to conflict with facility shift patterns - STI program previously operated through Brandon, difficulty in getting regional statistics - Costs for best practice and safe immunization exceeding funding

9,166 people were immunized for influenza at community clinics/public health offices.
289 individuals were immunized with Pneumococcal vaccine.

The HPV Vaccine was introduced for grade 6 females in 2008/09 and 543 doses were administered.

A workplace smoking cessation pilot project was launched at McCain Foods in Carberry in January of 2009 with lunch and learn presentations that were conducted after the initial survey.

Manitoba Health Goal: Optimize the health status of all Manitoban's through prevention and health promotion.

Philippine Nurse Recruitment

On June 5, 2008, the Minister of Health, Theresa Oswald, announced an offshore registered nurse recruitment initiative to the Philippines. The initiative was a partnership between Manitoba Health and Healthy Living, Manitoba Labour and Immigration, the College of Registered Nurses of Manitoba (CRNM) and Regional Health Authorities of Manitoba including Assiniboine, Brandon, Central and Parkland. All parties committed to safe and ethical recruitment practices.

The initiative focused on the Philippines for several reasons:

- Filipino nurses are educated in English using an American based nursing school system
- There are over 400 nursing schools in the Philippines
- The unemployment rate is high. Many of the unemployed Filipino nurses volunteer at hospitals. Nurse salaries are very low ranging from \$120-\$250 per month
- The Filipino's are known to be compassionate and loyal people with a strong sense of community and strong family values
- The signing of a Memorandum of Understanding between the Manitoba Government and the Philippine Government to assist in streamlining the immigration process including better connection of Filipino applicants with potential employers in Manitoba

The planning process included pre-screening nurses based on resumes provided by the contracted recruitment agency. A team of representatives from each of the partnering organizations then traveled to Manila, and during the week of November 10, a total of 349 registered nurses participated in completing an employer developed test, in which 92 of those had been screened by the Assiniboine RHA. Applicants achieving an 80% or higher grade then moved to the next step in the process, that being a formal interview. Thirty seven (37) candidates were provided with a conditional job offer by the Assiniboine RHA. In total, 131 conditional job offers were made by the four participating regions. The overseas mission at this point in time was seen to be a great success.

Following the conditional job offers, the nurses' credentials were assessed by an International Qualifications Assessment Service used by the College of Registered Nurses of Manitoba (CRNM). The nurses also applied to the CRNM for a temporary nursing license which allowed them to practice as a graduate nurse, no different than nurses graduating from a nursing program in Manitoba. Work continued with the recruitment agency to ensure all necessary paperwork was completed by each nurse and to allow for travel plans to be established. Through the various steps, the ARHA was successful in recruiting 35 registered nurses, with the majority arriving in May 2009. The nurses will be writing the national Registered Nurse exam in October 2009 and upon notification of passing the exam would then become licensed to work as a Registered Nurse in Manitoba.

The second phase of the recruitment initiative occurred in the 2009/2010 year. ARHA and communities worked together to prepare for the arrival of the nurses in May and August 2009. The nurses settled in Russell, Hamiota, Shoal Lake, Minnedosa, Neepawa, Treherne, Killarney, Souris, Deloraine and Virden. The nurses arrived with enthusiasm, lots of smiles, as well as a degree of exhaustion and trepidation. They left behind homes, families including small children, friends and loved ones to live in Canada which is seen as a land of opportunity. Following a tour of their communities and facilities as well as some rest time, an extensive orientation to the ARHA took place. Nursing staff in each of the sites have generously stepped up to assist with mentoring the nurses until such time that they gain their RN status in Canada. The nurses are settling into their communities and work sites. Their enthusiasm and RN experience has benefited the facilities greatly. In some cases disruptions in acute/ER services have been diverted because of their presence. The region is appreciative of the support given by the province, as well as the ongoing support by the staff, physicians and communities. It is the region's goal to have the nurses enjoy their work and community surroundings so that they become permanent residents within the ARHA.



Interview team



Waiting a job offer



Meeting the recruits



Welcome to Team Assiniboine

HEALTH LINKS - INFO SANTE

- ✓ ARHA residents contacted Health Links 1,896 times in 2008/09
- ✓ 70% of callers had used Health Links before
- ✓ Most calls originated from females age 25-34
- ✓ Most common triage guideline used - coughing/vomiting in children and post operative problems
- ✓ 85 callers indicated their first inclination was to go directly to the emergency room and, as a result of the call to Health Links only 36 callers were directed to go to emergency

Health Links is a 24-hour, 7-days a week telephone information service. Staffed by registered nurses with the knowledge to provide answers over the phone to health care questions and guide you to the care you need.

Call anytime toll-free 1-888-315-9257.

The Public Interest Disclosure Act (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by Manitoba Health and Healthy Living for fiscal year 2008 – 2009:

The number of disclosures received, and the number acted on and not acted on. *Subsection 18(2)(a)* - **0 disclosures were received.**

The number of investigations commenced as a result of disclosure. *Subsection 18(2)(b)* - **NIL**

In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Subsection 18(2)(c)* - **NIL**



ACCREDITATION CANADA
AGRÈMENT CANADA

Driving Quality Health Services

ACCREDITATION
2008

The Assiniboine Regional Health Authority (ARHA) promotes the organizational philosophy of continuous quality improvement, with a particular focus on the achievement of the best possible health outcomes for the people we serve. To this end, the region is committed to participating in Accreditation Canada's program as a way of examining and improving the quality of the care and services provided by the ARHA. Everyone in the organization, as well as our community partners, play an integral part in this process. The Accreditation process has assisted the region in identifying and implementing processes that contribute to patient safety and reduce risk.

The most recent accreditation survey was held in the ARHA on November 23-28, 2008 with eight surveyors from across Canada participating.

The 2008 Accreditation Survey Results: The first Accreditation report in a 3 year cycle of reports was received in January 2009.

Several strengths were identified by the surveyors and 89% of required criteria for quality were met by the region. Just a few of the many strengths mentioned included: a board of directors responsive to community need, a dedicated leadership and staff who were committed to client care, good regional formal communication strategies, well-defined emergency preparedness processes, well-developed education and financial programs, and a strong public health program. Also, one of the community mental health programs was singled out as a Leading Practice: 'Make it Your Business'—a mental health promotion event targeted at men.

The ARHA has implemented, or is in the process of implementing, all of the patient safety goals including the 25 Required Organizational Practices (ROP) for patient safety in 2008. Some of these ROPs include: medication reconciliation, falls prevention and management, infusion pump training, improved communication strategies, and the implementation of a 'Do Not Use' list of dangerous abbreviations. At present, 18 ROPs are fully implemented and 7 are partially implemented. The region continues to work towards 100% compliance with the 25 ROPs as well as the implementation of the 6 new ROPS required for 2009. The hiring of a Client Safety Coordinator in November 2008 has assisted with the implementation and evaluation of these patient safety and risk reduction strategies.

As in any self-assessment process, the ARHA and the surveyors also identified several areas for improvement. Some of the priority areas included: the implementation of a comprehensive falls prevention and management program, safer storage and use of medications, hand hygiene training for staff, clients, families and visitors, improved tracking of infection rates and prevention strategies, and improving the public's accessibility to the ethics framework.

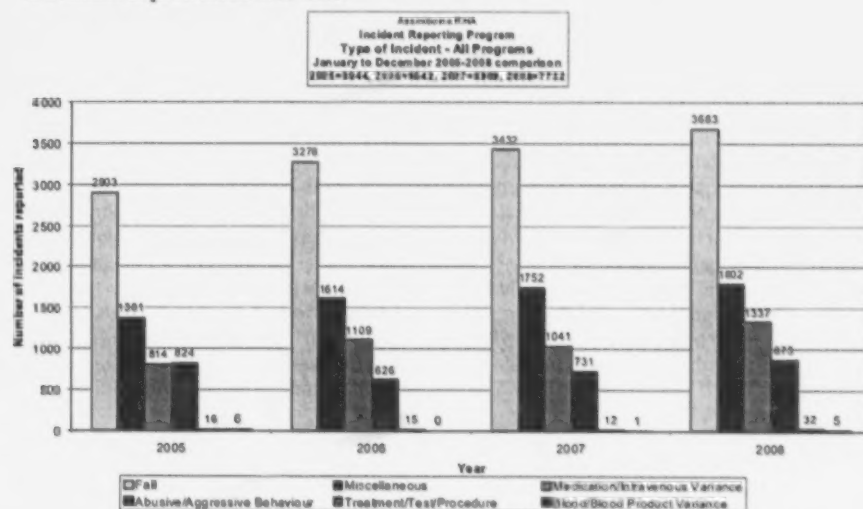
The ARHA Board and staff have continued to work on the areas for improvement since the survey in November 2008 and the ARHA response to the report is now available to Accreditation Canada for its consideration.

PREVENTING & MANAGING RISK . PREVENTING & MANAGING RISK . PREVENTING & MANAGING RISK

Assiniboine Regional Health Authority Risk Management Strategy 2008/09

The Assiniboine RHA implemented an Integrated Risk Management Policy in January 2005 which outlined the process for managing risk in the region. Over the past year, the policy has been reviewed and amended to reflect a more comprehensive approach to risk management, including the identification, analysis, and evaluation of risks and the development of a detailed Corporate Risk Profile, which will be presented to the Board of Directors, along with regular risk reports. The categories of risk assessed include business, resource and compliance risks. All programs and services provide input in order to provide a broad and complete picture of risk issues and their management in the region. Regional orientation sessions were held quarterly for all newly hired employees and a 'new leaders' orientation session was held—these sessions included an overview of the regional risk management process and responsibilities.

The cornerstone of managing risk in the region is the ARHA Incident Reporting, disclosure, investigation and management process. The ARHA encourages the reporting and reviewing of incidents and 'near misses' with the goal of shared learning and prevention, not blame and punishment. Quarterly and annual analyses of incidents are compiled and distributed to applicable teams and programs, the Executive, and the Board. These reports provide time trends as well as detailed information related to time, person, location, type and level of injury, and contributing factors. This information is then used to identify risk issues and make the required changes to prevent or mitigate that risk as well as to evaluate improvement over time.



In 2008 the region ARHA had three critical incidents involving clients, one critical incident not involving a client, a total of 7,247 incidents and 481 near misses.

Health Insurance Reciprocal of Canada (HIROC) is the Assiniboine Regional Health Authority's liability insurance provider. All regional quality improvement teams are required to complete the HIROC Risk Self-Appraisals in order to determine risk areas and to ensure that actions are taken to address deficiencies.

FUTURE DIRECTION:

The region is currently exploring the implementation of the HIROC Risk Management Self-Appraisal Module (RMSAM) process which is the web-based version of the HIROC self-appraisals. The module content is comprised of questions meant to challenge organizations to examine their policies and practices against Canadian claims experience and leading practice.

Other important components of the risk management strategy are Concerns Management and the Client Satisfaction Questionnaire processes. Clients and/or staff are encouraged to voice their concerns and/or provide positive or negative feedback about their health care experiences with the ARHA. This feedback is acted upon in a timely manner and the information is used to make changes as appropriate and improvements to the way we deliver health care and services in the region. ARHA contact information for clients and staff is posted on the ARHA website, as well as in other communication forums such as the Staff Newsletter and the Community Newsletter. The 1-800 telephone number is available for clients and staff to voice concerns.

Complaints Tracked Regionally: In 2008 there were 93 new complaints received and investigated in the ARHA.

FUTURE DIRECTION:

In 2009/10, the region will strive for excellence in implementing and evaluating the revised Integrated Risk Management Strategy. All teams will be actively involved in putting the Integrated Risk Management Framework into practice, ensuring that the Corporate Risk Profile is a dynamic document and progresses on an ongoing basis. Evaluation of the success and compliance with the patient safety goals will continue in 2009/10. As well, the region looks forward to implementing the RMSAM risk appraisal process.

**DANGER
THIN ICE**

Assiniboine Regional Health Authority Administrative Costs

The Assiniboine RHA adheres to standardized coding guidelines (MIS) as defined by the Canadian Institute of Health Information (CIHI).

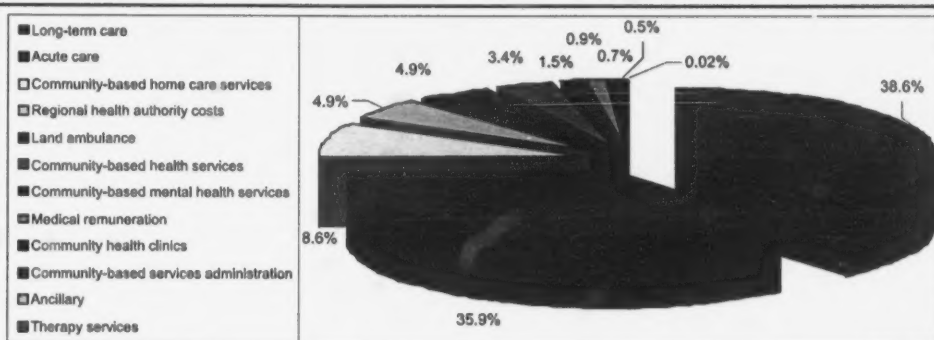
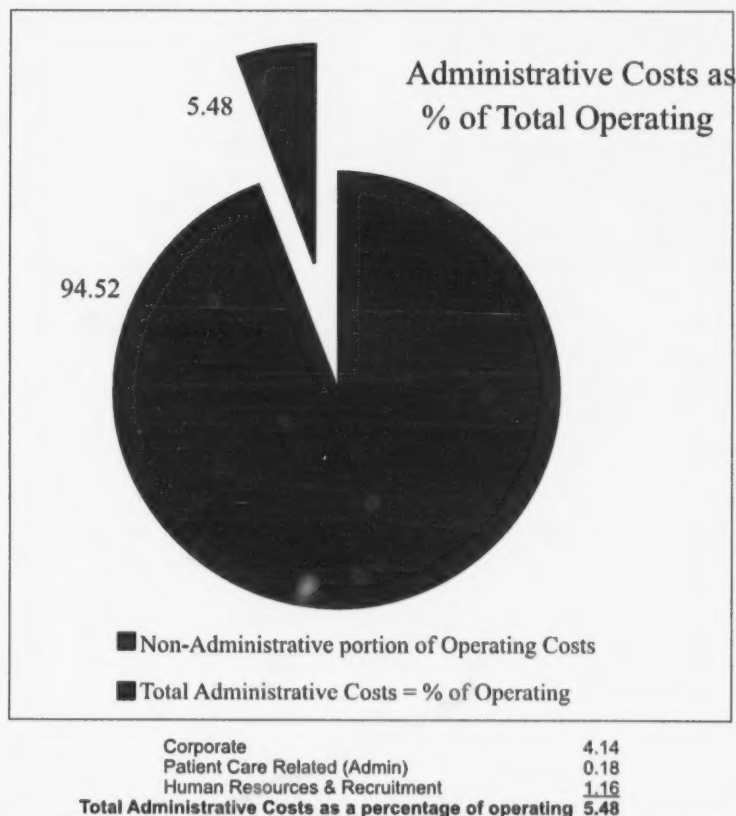
The figures presented are based on data as at 2008/09. The most current definition of administrative costs determined by CIHI includes:

Corporate: Includes the primary cost centres of General Administration, Executive, Board of Directors, Public Relations, Planning, Risk Management, Advisory Councils, Community Health Assessment, Finance and Communications.

Patient Care Related: Includes the primary cost centres of Quality Assurance and Accreditation.

Human Resources and Recruitment: Includes the primary cost centres of Human Resources, Recruitment & Retention, Labor Relations, Employee Benefits, Health & Assistance Programs and Occupational Health & Safety Prevention.

All of the above primary cost centres include costs related to salaries, benefits, travel, telecommunications, insurance, audit & other fees, office supplies and other supplies and expenses.



This chart illustrates the Assiniboine Regional Health Authorities expenditures on salaries and benefits for the fiscal year ending March 31, 2009. The figures do not include purchased / contract service expenses such as payments to Independent Contract Physicians.

Long term care	\$43,299,318.75
Acute care	\$40,298,992.67
Community-based home care services	\$ 9,689,347.69
Regional health authority costs	\$ 5,535,684.52
Land ambulance	\$ 5,447,844.54
Community-based health services	\$ 3,859,524.70
Community-based mental health services	\$ 1,723,170.01
Medical remuneration	\$ 1,045,804.85
Community health clinics	\$ 740,587.40
Community-based services administration	\$ 576,616.93
Ancillary	\$ 17,716.17

Did you know **HOME CARE?**

- ✓ ARHA Home Care saw 2,606 clients in 2008/09
- ✓ Home Care employs 316 staff
- ✓ 10,384.48 nursing hours were provided, 260,749.5 home care attendant hours and 56,978.47 home care support worker hours

Did you know **PALLIATIVE CARE?**

- ✓ 357 individuals were referred to the ARHA palliative care program in 2008/09
- ✓ 55 were cared for in personal care homes and 302 were care for at home or in hospital
- ✓ 124 people were registered on the Palliative Care Drug Access Program
- ✓ Approximately 175 trained, active palliative care volunteers provide additional support to the program either as a volunteer visitor to a palliative care client, by increasing awareness of palliative care in their communities, or by fundraising events such as Hike for Hospice, barbecues or holiday memory trees

Capital Asset Management

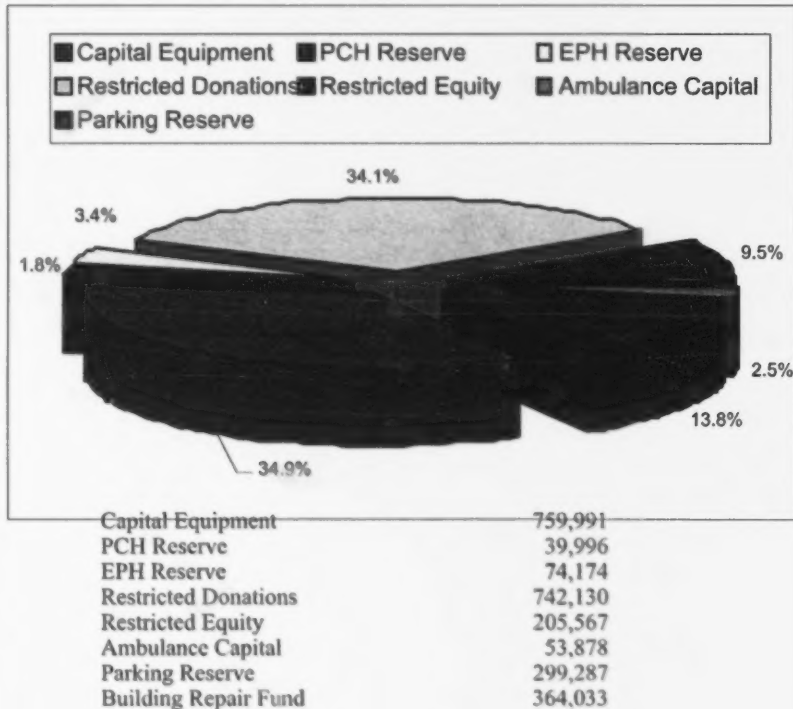
The Assiniboine Regional Health Authority, as with many jurisdictions, is dealing with the challenge of maintaining aging capital infrastructure. The Region continues to maintain 88 buildings (not including maintenance shops and incinerator buildings) in 27 communities across the Region.

Three major capital projects were submitted in June 2008 for the 2009 – 2010 Health Plan:

- Ø Neepawa/Minnedosa Joint Health Centre
- Ø Minnedosa Health Centre retrofit to Personal Care Home
- Ø Replacement of the Hamiota Health Centre

Sixty-nine Safety and Security Projects totaling \$4,317,500.00 were also submitted as well as sixteen Specialized Equipment Requests in the amount of \$1,081,475.00.

Capital Expenditures approved by the Board in 2008 – 2009 totaled \$2,539,055.00:



The Neepawa Personal Care Home (100 beds) was completed and Premier Doer officially opened the new facility on March 5, 2009.

Detailed design work on the Russell Hemodialysis addition and the new Neepawa Emergency Medical Services facility continued in 2008 – 2009 and it is anticipated that these two projects will proceed to tender in the 2009 – 2010 year.



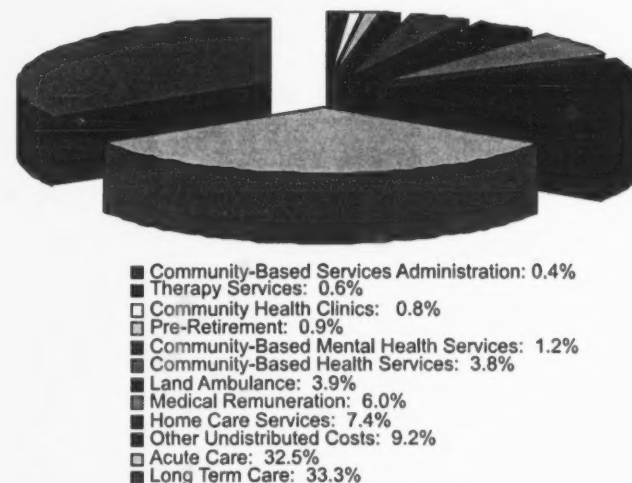
COMING HOME

Residents of the new Neepawa Personal Care Home move into the state of the art facility.



Premier Doer cut the ribbon to open the new Neepawa Personal Care Home

Expenditures by Program/Service 2008/09



2008/09 Program / Service Expenditures:

The Assiniboine Regional Health Authority allocates its funding to match the established operating budget across cost centers and sectors except for the land ambulance program, which is a non-insured service. The land ambulance program receives Manitoba Health & Healthy Living funding but still relies on user fees to balance its budget.

Auditor's Report

To the Board of Assiniboine Regional Health Authority:

We have audited the consolidated statement of financial position of Assiniboine Regional Health Authority as at March 31, 2009 and the consolidated statements of operations and changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the organization as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Brandon, Manitoba

June 4, 2009

Meyers Norris Penny, LLP
Chartered Accountants



MEYERS NORRIS PENNY LLP

Consolidated Statement of Financial Position

	2009	2008
Assets		
Current Assets		
Cash	29,520,233	17,649,579
Marketable securities	4,104,276	3,837,455
Accounts receivable	2,145,539	2,063,836
Manitoba Health receivable - vacation entitlement	6,484,052	6,484,052
Inventories	933,764	962,881
Prepaid expenses	621,787	620,107
	43,809,651	31,617,910
Manitoba Health receivable - pre-retirement obligation	7,336,760	7,336,760
Capital assets	99,695,777	84,695,735
Trust assets	121,042	113,683
	150,963,230	123,764,088
Liabilities and Net Assets		
Current Liabilities		
Accounts Payable	14,349,109	12,158,842
Due to Manitoba Health	7,224,672	766,560
Current portion of long-term debt	162,751	153,290
Accrued vacation entitlement	8,543,693	7,621,077
	30,280,225	20,699,769
Long-term debt	2,368,354	2,531,238
Accrued pre-retirement obligation	9,746,795	9,281,842
Deferred contributions	100,617,320	84,710,648
Trust liabilities	121,042	113,683
	143,133,736	117,337,180
Commitments and contingencies	-	-
Net Assets		
Invested in capital assets	3,353,085	3,275,190
Internally restricted	30,700	210,746
Unrestricted	4,445,709	2,940,972
	7,829,494	6,426,908
	150,963,230	123,764,088

Consolidated Statement of Operations

	2009	2008
Revenues		
Manitoba Health operating income	135,870,630	127,370,745
Authorized / residential charges	13,483,652	12,617,559
Amortization of deferred contributions	4,018,251	4,151,394
Other income	4,783,821	4,794,830
Ancillary	1,228,643	1,177,503
Province of Manitoba	2,096,165	2,021,184
	161,481,162	152,133,215
Expenses		
Acute Care	51,989,313	49,043,223
Long-term care	53,270,574	49,762,788
Community-based home care services	11,859,881	11,321,511
Medical remuneration	9,612,116	9,845,399
Community health clinics	1,319,311	1,017,672
Community-based health services	6,099,822	5,607,045
Land ambulance	6,236,083	5,497,968
Community-based mental health services	1,922,358	1,864,721
Therapy Services	947,401	875,288
Community-based services administration	709,112	687,670
	143,965,971	135,523,285
Other Undistributed Costs		
Regional health authority costs	9,344,413	8,583,550
Amortization of capital assets	4,239,644	4,362,621
Ancillary	1,189,770	1,155,077
Pre-retirement	1,437,273	1,445,560
	16,211,100	15,546,808
Total expenses and other undistributed costs	160,177,071	151,070,093
Excess of revenues over expenses	1,304,091	1,063,122

A complete set of financial statements, auditors report and the statement of public sector compensation disclosure are available by contacting the Assiniboine RHA Corporate Office at (204) 483-5000 or 1-888-682-2253.



**2008-2009 Annual Report
Assiniboine Regional Health Authority**